

PUBLICATIONS ORDER FORM

MAIL ORDER
FORM TO:

Department of Health Services
Office of Health Information and Research

Attn: Tina Smith
MS 5103, Bldg. 174

P.O. Box 997410
Sacramento, CA 95899-7410

Phone: (916) 552-8095

Fax: (916) 650-6889

Internet: <http://www.dhs.ca.gov/hisp/chs/OHIR/Publication/publicationindex.htm>

Title	Number of Copies	Cost Per Copy	Total Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Enclosed			\$

Payment must accompany order. Please do not send cash. Please make your **check or money order** payable to the **"DEPARTMENT OF HEALTH SERVICES."**

PLEASE MAIL THE ABOVE PUBLICATIONS TO:

Name: _____
Agency: _____
Address: _____
City & State: _____
Zip Code: _____
Telephone: _____
E-Mail: _____